

TEXAS HMO SUPPLEMENT

STATEMENT FOR THE PERIOD ENDING **MARCH 31, 2010**

OF THE **Amerigroup Texas, Inc.**

(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION ION / 2. DIVISION **CONSOLIDATED**

(Location)

**EXHIBIT II (Filed Annually and Quarterly)
ACTUAL REVENUES AND EXPENSES BY MAJOR SPECIFIED LINES**

Indicate Reporting Period: Current Quarter

	1. Total	2. COMMERCIAL RISK (Omit Provider HMO Business)	3. MEDICARE (Omit Provider HMO Business)			4. MEDICAID (Omit Provider HMO Business)	5. POINT OF SERVICE RIDER COVERAGE	6. ASSUMED RISK (as Provider HMO)	7. CHILDREN'S HEALTH INSURANCE PLAN	8. OTHER
			BASIC	ADVANTAGE	PART D					
1. ENROLLEES AT THE END OF REPT PERIOD.....	509,909	0	0	6,541	0	429,246	0	0	74,122	0
2. MEMBER MONTHS.....	1,536,243	0	0	19,119	0	1,283,949	0	0	233,175	0
3. Direct Premium Income.....	340,232,607	0	0	22,664,041	0	295,510,615	0	XXXXXXXX	22,057,951	0
4. Net Premium Income.....	339,788,422	0	0	22,661,444	0	295,140,711	0	0	21,986,267	0
5. Change in unearned premium reserve and reserve for rate credits.....	0	0	0	0	0	0	0	0	0	0
6. Fee-for-Service (gross revenues).....	0	XXXXXXXX	0	0	0	0	XXXXXXXX	XXXXXXXX	XXXXXXXX	0
7. Risk Revenue.....	0	XXXXXXXX	0	0	0	XXXXXXXX	XXXXXXXX	0	XXXXXXXX	0
8. Agg write-in for Other Health Related Revenues.....	0	0	0	0	0	0	0	0	0	0
9. Aggregate write-ins for other non-health revenues.....	0	0	0	0	0	0	0	0	0	0
10. TOTAL REVENUE (L4 to L9).....	339,788,422	0	0	22,661,444	0	295,140,711	0	0	21,986,267	0
11. Hospital & Medical Benefits.....	277,091,793	0	0	15,431,264	0	244,257,394	0	0	17,403,135	0
12. Net Reins Recoveries Incurred.....	(815,104)	0	0	0	0	(815,104)	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	277,906,897	0	0	15,431,264	0	245,072,498	0	0	17,403,135	0
14. Claims Adjustment Expenses.....	8,460,183	0	0	720,813	0	7,224,622	0	0	514,748	0
15. General Administrative Expenses.....	40,226,474	0	0	1,910,604	0	34,267,293	0	0	4,048,577	0
16. Increase in Reserves for A&H contracts.....	0	0	0	0	0	0	0	0	0	0
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16).....	326,593,554	0	0	18,062,681	0	286,564,413	0	0	21,966,460	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	13,194,868	0	0	4,598,763	0	8,576,298	0	0	19,807	0
19. Net Investments Gains / (Losses).....	1,168,827	0	0	14,631	0	983,257	0	0	170,939	0
20. Aggregate write-ins for other expenses.....	0	0	0	0	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	14,363,695	0	0	4,613,394	0	9,559,555	0	0	190,746	0
22. Federal and foreign income taxes incurred.....	5,047,653	0	0	1,613,137	0	3,367,819	0	0	66,697	0
23. NET INCOME/(LOSS) (L21 less L22).....	9,316,042	0	0	3,000,257	0	6,191,736	0	0	124,049	0
NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		0	(Examples of non-taxable enrollees are State			* Other (identify products(s); eg Non-Risk Business, PPO):				
NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		0	of Texas enrollees and Federal employees.)			0				

TEXAS HMO SUPPLEMENT

STATEMENT FOR THE PERIOD ENDING **MARCH 31, 2010**

OF THE **Amerigroup Texas, Inc.**

(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION ION / 2. DIVISION **CONSOLIDATED**

(Location)

**EXHIBIT II (Filed Annually and Quarterly)
ACTUAL REVENUES AND EXPENSES BY MAJOR SPECIFIED LINES**

Indicate Reporting Period: Year-to-Date

	1. Total	2. COMMERCIAL RISK (Omit Provider HMO Business)	3. MEDICARE (Omit Provider HMO Business)			4. MEDICAID (Omit Provider HMO Business)	5. POINT OF SERVICE RIDER COVERAGE	6. ASSUMED RISK (as Provider HMO)	7. CHILDREN'S HEALTH INSURANCE PLAN	8. OTHER
			BASIC	ADVANTAGE	PART D					
1. ENROLLEES AT THE END OF REPT PERIOD.....	509,909	0	0	6,541	0	429,246	0	0	74,122	0
2. MEMBER MONTHS.....	1,536,243	0	0	19,119	0	1,283,949	0	0	233,175	0
3. Direct Premium Income.....	340,232,607	0	0	22,664,041	0	295,510,615	0	XXXXXXXX	22,057,951	0
4. Net Premium Income.....	339,788,422	0	0	22,661,444	0	295,140,711	0	0	21,986,267	0
5. Change in unearned premium reserve and reserve for rate credits.....	0	0	0	0	0	0	0	0	0	0
6. Fee-for-Service (gross revenues).....	0	XXXXXXXX	0	0	0	0	XXXXXXXX	XXXXXXXX	XXXXXXXX	0
7. Risk Revenue.....	0	XXXXXXXX	0	0	0	XXXXXXXX	XXXXXXXX	0	XXXXXXXX	0
8. Agg write-in for Other Health Related Revenues.....	0	0	0	0	0	0	0	0	0	0
9. Aggregate write-ins for other non-health revenues.....	0	0	0	0	0	0	0	0	0	0
10. TOTAL REVENUE (L4 to L9).....	339,788,422	0	0	22,661,444	0	295,140,711	0	0	21,986,267	0
11. Hospital & Medical Benefits.....	277,091,793	0	0	15,431,264	0	244,257,394	0	0	17,403,135	0
12. Net Reins Recoveries Incurred.....	(815,104)	0	0	0	0	(815,104)	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	277,906,897	0	0	15,431,264	0	245,072,498	0	0	17,403,135	0
14. Claims Adjustment Expenses.....	8,460,183	0	0	720,813	0	7,224,622	0	0	514,748	0
15. General Administrative Expenses.....	40,226,474	0	0	1,910,604	0	34,267,293	0	0	4,048,577	0
16. Increase in Reserves for A&H contracts.....	0	0	0	0	0	0	0	0	0	0
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16).....	326,593,554	0	0	18,062,681	0	286,564,413	0	0	21,966,460	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	13,194,868	0	0	4,598,763	0	8,576,298	0	0	19,807	0
19. Net Investments Gains / (Losses).....	1,168,827	0	0	14,631	0	983,257	0	0	170,939	0
20. Aggregate write-ins for other expenses.....	0	0	0	0	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	14,363,695	0	0	4,613,394	0	9,559,555	0	0	190,746	0
22. Federal and foreign income taxes incurred.....	5,047,653	0	0	1,613,137	0	3,367,819	0	0	66,697	0
23. NET INCOME/(LOSS) (L21 less L22).....	9,316,042	0	0	3,000,257	0	6,191,736	0	0	124,049	0
NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		0	(Examples of non-taxable enrollees are State			* Other (identify products(s); eg Non-Risk Business, PPO):				
NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		0	of Texas enrollees and Federal employees.)			0				

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

STATEMENT AS OF **MARCH 31, 2010**

OF THE **Amerigroup Texas, Inc.**

REPORT FOR DIVISION: **Dallas**

(Location)

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at end of:										
1. Prior Year	157,923	0	34,407	0	0	0	0	0	123,516	0
2. First Quarter	162,088	0	35,287	0	0	0	0	0	126,801	0
3. Second Quarter	0									
4. Third Quarter	0									
5. Current Year	0									
6. Current Year Member Months	484,990	0	105,526	0	0	0	0	0	379,464	0
Total Member Ambulatory Encounters for Year:										
7. Physician	184,152	0	27,935	0	0	0	0	0	156,217	0
8. Non-Physician	67,332	0	9,424	0	0	0	0	0	57,908	0
9. Total	251,484	0	37,359	0	0	0	0	0	214,125	0
10. Hospital Patient Days Incurred	9,113	0	491	0	0	0	0	0	8,622	0
11. Number of Inpatient Admissions	2,306	0	105	0	0	0	0	0	2,201	0
12. Health Premiums Written	73,135,917	0	8,827,511	0	0	0	0	0	64,308,406	0
13. Life Premiums Direct	0	0	0	0	0	0	0	0	0	0
14. Property & Casualty Premiums Written	0	0	0	0	0	0	0	0	0	0
15. Health Premiums Earned	73,135,917	0	8,827,511	0	0	0	0	0	64,308,406	0
16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0
17. Amount Paid for Provision of Health Care Services	58,228,930	0	6,746,123	0	0	0	0	0	51,482,807	0
18. Amount Incurred for Provision of Health Care Services	56,818,083	0	5,406,911	0	0	0	0	0	51,411,172	0

TEXAS HMO SUPPLEMENT

OF THE **Amerigroup Texas, Inc.**

(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION

Dallas

(Location)

**EXHIBIT II (Filed Annually and Quarterly)
ACTUAL REVENUES AND EXPENSES BY MAJOR SPECIFIED LINES**

Indicate Reporting Period: Current Quarter **X**

	1. Total	2. COMMERCIAL RISK (Omit Provider HMO Business)	3. MEDICARE (Omit Provider HMO Business)			4. MEDICAID (Omit Provider HMO Business)	5. POINT OF SERVICE RIDER COVERAGE	6. ASSUMED RISK (as Provider HMO)	7. CHILDREN'S HEALTH INSURANCE PLAN	8. OTHER
			BASIC	ADVANTAGE	PART D					
1. ENROLLEES AT THE END OF REPT PERIOD.....	162,088	0	0	0	0	126,801	0	0	35,287	0
2. MEMBER MONTHS.....	484,990	0	0	0	0	379,464	0	0	105,526	0
3. Direct Premium Income.....	73,135,917	0	0	0	0	64,308,406	0	XXXXXXXX	8,827,511	0
4. Net Premium Income.....	72,988,360	0	0	0	0	64,194,920	0	0	8,793,441	0
5. Change in unearned premium reserve and reserve for rate credits.....	0	0	0	0	0	0	0	0	0	0
6. Fee-for-Service (gross revenues).....	0	XXXXXXXX	0	0	0	0	XXXXXXXX	XXXXXXXX	XXXXXXXX	0
7. Risk Revenue.....	0	XXXXXXXX	0	0	0	XXXXXXXX	XXXXXXXX	0	XXXXXXXX	0
8. Agg write-in for Other Health Related Revenues.....	0	0	0	0	0	0	0	0	0	0
9. Aggregate write-ins for other non-health revenues.....	0	0	0	0	0	0	0	0	0	0
10. TOTAL REVENUE (L4 to L9).....	72,988,360	0	0	0	0	64,194,920	0	0	8,793,441	0
11. Hospital & Medical Benefits.....	56,818,083	0	0	0	0	51,411,172	0	0	5,406,911	0
12. Net Reins Recoveries Incurred.....	(1,004,304)	0	0	0	0	(1,004,304)	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	57,822,387	0	0	0	0	52,415,476	0	0	5,406,911	0
14. Claims Adjustment Expenses.....	1,680,560	0	0	0	0	1,520,635	0	0	159,925	0
15. General Administrative Expenses.....	8,182,504	0	0	0	0	6,192,668	0	0	1,989,836	0
16. Increase in Reserves for A&H contracts.....	0	0	0	0	0	0	0	0	0	0
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16).....	67,685,451	0	0	0	0	60,128,778	0	0	7,556,673	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	5,302,909	0	0	0	0	4,066,141	0	0	1,236,768	0
19. Net Investments Gains / (Losses).....	371,409	0	0	0	0	290,599	0	0	80,811	0
20. Aggregate write-ins for other expenses.....	0	0	0	0	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	5,674,319	0	0	0	0	4,356,740	0	0	1,317,579	0
22. Federal and foreign income taxes incurred.....	1,984,104	0	0	0	0	1,523,395	0	0	460,710	0
23. NET INCOME/(LOSS) (L21 less L22).....	3,690,215	0	0	0	0	2,833,346	0	0	856,869	0
NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		0	(Examples of non-taxable enrollees are State			* Other (identify products(s); eg Non-Risk Business, PPO):				
NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		0	of Texas enrollees and Federal employees.)			0				

TEXAS HMO SUPPLEMENT

OF THE **Amerigroup Texas, Inc.**

(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION

Dallas

(Location)

**EXHIBIT II (Filed Annually and Quarterly)
ACTUAL REVENUES AND EXPENSES BY MAJOR SPECIFIED LINES**

Indicate Reporting Period: Year-to-Date **X**

	1. Total	2. COMMERCIAL RISK (Omit Provider HMO Business)	3. MEDICARE (Omit Provider HMO Business)			4. MEDICAID (Omit Provider HMO Business)	5. POINT OF SERVICE RIDER COVERAGE	6. ASSUMED RISK (as Provider HMO)	7. CHILDREN'S HEALTH INSURANCE PLAN	8. OTHER
			BASIC	ADVANTAGE	PART D					
1. ENROLLEES AT THE END OF REPT PERIOD.....	162,088	0	0	0	0	126,801	0	0	35,287	0
2. MEMBER MONTHS.....	484,990	0	0	0	0	379,464	0	0	105,526	0
3. Direct Premium Income.....	73,135,917	0	0	0	0	64,308,406	0	XXXXXXXX	8,827,511	0
4. Net Premium Income.....	72,988,360	0	0	0	0	64,194,920	0	0	8,793,441	0
5. Change in unearned premium reserve and reserve for rate credits.....	0	0	0	0	0	0	0	0	0	0
6. Fee-for-Service (gross revenues).....	0	XXXXXXXX	0	0	0	0	XXXXXXXX	XXXXXXXX	XXXXXXXX	0
7. Risk Revenue.....	0	XXXXXXXX	0	0	0	XXXXXXXX	XXXXXXXX	0	XXXXXXXX	0
8. Agg write-in for Other Health Related Revenues.....	0	0	0	0	0	0	0	0	0	0
9. Aggregate write-ins for other non-health revenues.....	0	0	0	0	0	0	0	0	0	0
10. TOTAL REVENUE (L4 to L9).....	72,988,360	0	0	0	0	64,194,920	0	0	8,793,441	0
11. Hospital & Medical Benefits.....	56,818,083	0	0	0	0	51,411,172	0	0	5,406,911	0
12. Net Reins Recoveries Incurred.....	(1,004,304)	0	0	0	0	(1,004,304)	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	57,822,387	0	0	0	0	52,415,476	0	0	5,406,911	0
14. Claims Adjustment Expenses.....	1,680,560	0	0	0	0	1,520,635	0	0	159,925	0
15. General Administrative Expenses.....	8,182,504	0	0	0	0	6,192,668	0	0	1,989,836	0
16. Increase in Reserves for A&H contracts.....	0	0	0	0	0	0	0	0	0	0
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16).....	67,685,451	0	0	0	0	60,128,778	0	0	7,556,673	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	5,302,909	0	0	0	0	4,066,141	0	0	1,236,768	0
19. Net Investments Gains / (Losses).....	371,409	0	0	0	0	290,599	0	0	80,811	0
20. Aggregate write-ins for other expenses.....	0	0	0	0	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	5,674,319	0	0	0	0	4,356,740	0	0	1,317,579	0
22. Federal and foreign income taxes incurred.....	1,984,104	0	0	0	0	1,523,395	0	0	460,710	0
23. NET INCOME/(LOSS) (L21 less L22).....	3,690,215	0	0	0	0	2,833,346	0	0	856,869	0
NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		0	(Examples of non-taxable enrollees are State			* Other (identify products(s); eg Non-Risk Business, PPO):				
NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		0	of Texas enrollees and Federal employees.)			0				

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

STATEMENT AS OF **MARCH 31, 2010**

OF THE **Amerigroup Texas, Inc.**

REPORT FOR DIVISION: **Ft Worth**

(Location)

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at end of:										
1. Prior Year	116,490	0	23,470	0	0	0	0	0	93,020	0
2. First Quarter	114,874	0	20,264	0	0	0	0	0	94,610	0
3. Second Quarter	0									
4. Third Quarter	0									
5. Current Year	0									
6. Current Year Member Months	345,969	0	61,721	0	0	0	0	0	284,248	0
Total Member Ambulatory Encounters for Year:										
7. Physician	152,144	0	33,439	0	0	0	0	0	118,705	0
8. Non-Physician	80,909	0	22,463	0	0	0	0	0	58,446	0
9. Total	233,053	0	55,902	0	0	0	0	0	177,151	0
10. Hospital Patient Days Incurred	9,249	0	626	0	0	0	0	0	8,623	0
11. Number of Inpatient Admissions	2,410	0	144	0	0	0	0	0	2,266	0
12. Health Premiums Written	58,147,577	0	9,135,641	0	0	0	0	0	49,011,937	0
13. Life Premiums Direct	0	0	0	0	0	0	0	0	0	0
14. Property & Casualty Premiums Written	0	0	0	0	0	0	0	0	0	0
15. Health Premiums Earned	58,147,577	0	9,135,641	0	0	0	0	0	49,011,937	0
16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0
17. Amount Paid for Provision of Health Care Services	46,883,214	0	8,638,483	0	0	0	0	0	38,244,731	0
18. Amount Incurred for Provision of Health Care Services	44,601,645	0	8,742,148	0	0	0	0	0	35,859,497	0

TEXAS HMO SUPPLEMENT

OF THE **Amerigroup Texas, Inc.**

(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION

Ft Worth
(Location)

**EXHIBIT II (Filed Annually and Quarterly)
ACTUAL REVENUES AND EXPENSES BY MAJOR SPECIFIED LINES**

Indicate Reporting Period: Current Quarter **X**

	1. Total	2. COMMERCIAL RISK (Omit Provider HMO Business)	3. MEDICARE (Omit Provider HMO Business)			4. MEDICAID (Omit Provider HMO Business)	5. POINT OF SERVICE RIDER COVERAGE	6. ASSUMED RISK (as Provider HMO)	7. CHILDREN'S HEALTH INSURANCE PLAN	8. OTHER
			BASIC	ADVANTAGE	PART D					
1. ENROLLEES AT THE END OF REPT PERIOD.....	114,874	0	0	0	0	94,610	0	0	20,264	0
2. MEMBER MONTHS.....	345,969	0	0	0	0	284,248	0	0	61,721	0
3. Direct Premium Income.....	58,147,577	0	0	0	0	49,011,937	0	XXXXXXXX	9,135,641	0
4. Net Premium Income.....	58,041,534	0	0	0	0	48,925,458	0	0	9,116,076	0
5. Change in unearned premium reserve and reserve for rate credits.....	0	0	0	0	0	0	0	0	0	0
6. Fee-for-Service (gross revenues).....	0	XXXXXXXX	0	0	0	0	XXXXXXXX	XXXXXXXX	XXXXXXXX	0
7. Risk Revenue.....	0	XXXXXXXX	0	0	0	XXXXXXXX	XXXXXXXX	0	XXXXXXXX	0
8. Agg write-in for Other Health Related Revenues.....	0	0	0	0	0	0	0	0	0	0
9. Aggregate write-ins for other non-health revenues.....	0	0	0	0	0	0	0	0	0	0
10. TOTAL REVENUE (L4 to L9).....	58,041,534	0	0	0	0	48,925,458	0	0	9,116,076	0
11. Hospital & Medical Benefits.....	44,601,646	0	0	0	0	35,859,498	0	0	8,742,148	0
12. Net Reins Recoveries Incurred.....	5,618	0	0	0	0	5,618	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	44,596,027	0	0	0	0	35,853,880	0	0	8,742,148	0
14. Claims Adjustment Expenses.....	1,319,223	0	0	0	0	1,060,649	0	0	258,574	0
15. General Administrative Expenses.....	9,617,283	0	0	0	0	8,587,443	0	0	1,029,840	0
16. Increase in Reserves for A&H contracts.....	0	0	0	0	0	0	0	0	0	0
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16).....	55,532,533	0	0	0	0	45,501,971	0	0	10,030,562	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	2,509,000	0	0	0	0	3,423,487	0	0	(914,486)	0
19. Net Investments Gains / (Losses).....	264,991	0	0	0	0	217,702	0	0	47,290	0
20. Aggregate write-ins for other expenses.....	0	0	0	0	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	2,773,992	0	0	0	0	3,641,188	0	0	(867,196)	0
22. Federal and foreign income taxes incurred.....	971,602	0	0	0	0	1,274,829	0	0	(303,227)	0
23. NET INCOME/(LOSS) (L21 less L22).....	1,802,390	0	0	0	0	2,366,359	0	0	(563,969)	0
NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		0	(Examples of non-taxable enrollees are State			* Other (identify products(s); eg Non-Risk Business, PPO):				
NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		0	of Texas enrollees and Federal employees.)			0				

TEXAS HMO SUPPLEMENT

OF THE **Amerigroup Texas, Inc.**

(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION

Ft Worth

(Location)

**EXHIBIT II (Filed Annually and Quarterly)
ACTUAL REVENUES AND EXPENSES BY MAJOR SPECIFIED LINES**

Indicate Reporting Period: Year-to-Date **X**

	1. Total	2. COMMERCIAL RISK (Omit Provider HMO Business)	3. MEDICARE (Omit Provider HMO Business)			4. MEDICAID (Omit Provider HMO Business)	5. POINT OF SERVICE RIDER COVERAGE	6. ASSUMED RISK (as Provider HMO)	7. CHILDREN'S HEALTH INSURANCE PLAN	8. OTHER
			BASIC	ADVANTAGE	PART D					
1. ENROLLEES AT THE END OF REPT PERIOD.....	114,874	0	0	0	0	94,610	0	0	20,264	0
2. MEMBER MONTHS.....	345,969	0	0	0	0	284,248	0	0	61,721	0
3. Direct Premium Income.....	58,147,577	0	0	0	0	49,011,937	0	XXXXXXXX	9,135,641	0
4. Net Premium Income.....	58,041,534	0	0	0	0	48,925,458	0	0	9,116,076	0
5. Change in unearned premium reserve and reserve for rate credits.....	0	0	0	0	0	0	0	0	0	0
6. Fee-for-Service (gross revenues).....	0	XXXXXXXX	0	0	0	0	XXXXXXXX	XXXXXXXX	XXXXXXXX	0
7. Risk Revenue.....	0	XXXXXXXX	0	0	0	XXXXXXXX	XXXXXXXX	0	XXXXXXXX	0
8. Agg write-in for Other Health Related Revenues.....	0	0	0	0	0	0	0	0	0	0
9. Aggregate write-ins for other non-health revenues.....	0	0	0	0	0	0	0	0	0	0
10. TOTAL REVENUE (L4 to L9).....	58,041,534	0	0	0	0	48,925,458	0	0	9,116,076	0
11. Hospital & Medical Benefits.....	44,601,646	0	0	0	0	35,859,498	0	0	8,742,148	0
12. Net Reins Recoveries Incurred.....	5,618	0	0	0	0	5,618	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	44,596,027	0	0	0	0	35,853,880	0	0	8,742,148	0
14. Claims Adjustment Expenses.....	1,319,223	0	0	0	0	1,060,649	0	0	258,574	0
15. General Administrative Expenses.....	9,617,283	0	0	0	0	8,587,443	0	0	1,029,840	0
16. Increase in Reserves for A&H contracts.....	0	0	0	0	0	0	0	0	0	0
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16).....	55,532,533	0	0	0	0	45,501,971	0	0	10,030,562	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	2,509,000	0	0	0	0	3,423,487	0	0	(914,486)	0
19. Net Investments Gains / (Losses).....	264,991	0	0	0	0	217,702	0	0	47,290	0
20. Aggregate write-ins for other expenses.....	0	0	0	0	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	2,773,992	0	0	0	0	3,641,188	0	0	(867,196)	0
22. Federal and foreign income taxes incurred.....	971,602	0	0	0	0	1,274,829	0	0	(303,227)	0
23. NET INCOME/(LOSS) (L21 less L22).....	1,802,390	0	0	0	0	2,366,359	0	0	(563,969)	0
NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		0	(Examples of non-taxable enrollees are State			* Other (identify products(s); eg Non-Risk Business, PPO):				
NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		0	of Texas enrollees and Federal employees.)			0				

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

STATEMENT AS OF **MARCH 31, 2010**

OF THE **Amerigroup Texas, Inc.**

REPORT FOR DIVISION: **Houston**

(Location)

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at end of:										
1. Prior Year	173,463	0	18,182	0	0	0	0	5,218	150,063	0
2. First Quarter	175,391	0	17,774	0	0	0	0	5,626	151,991	0
3. Second Quarter	0									
4. Third Quarter	0									
5. Current Year	0									
6. Current Year Member Months	524,021	0	53,496	0	0	0	0	16,531	453,994	0
Total Member Ambulatory Encounters for Year:										
7. Physician	240,823	0	14,768	0	0	0	0	12,827	213,228	0
8. Non-Physician	143,190	0	3,851	0	0	0	0	7,477	131,862	0
9. Total	384,013	0	18,619	0	0	0	0	20,304	345,090	0
10. Hospital Patient Days Incurred	24,061	0	273	0	0	0	0	3,682	20,106	0
11. Number of Inpatient Admissions	4,852	0	69	0	0	0	0	450	4,333	0
12. Health Premiums Written	154,237,345	0	3,871,210	0	0	0	0	19,561,914	130,804,221	0
13. Life Premiums Direct	0	0	0	0	0	0	0	0	0	0
14. Property & Casualty Premiums Written	0	0	0	0	0	0	0	0	0	0
15. Health Premiums Earned	154,237,345	0	3,871,210	0	0	0	0	19,561,914	130,804,221	0
16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0
17. Amount Paid for Provision of Health Care Services	129,802,542	0	3,171,526	0	0	0	0	13,271,568	113,359,448	0
18. Amount Incurred for Provision of Health Care Services	123,667,878	0	3,076,017	0	0	0	0	13,275,905	107,315,955	0

TEXAS HMO SUPPLEMENT

OF THE **Amerigroup Texas, Inc.**

(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION

Houston

(Location)

**EXHIBIT II (Filed Annually and Quarterly)
ACTUAL REVENUES AND EXPENSES BY MAJOR SPECIFIED LINES**

Indicate Reporting Period: Current Quarter **X**

	1. Total	2. COMMERCIAL RISK (Omit Provider HMO Business)	3. MEDICARE (Omit Provider HMO Business)			4. MEDICAID (Omit Provider HMO Business)	5. POINT OF SERVICE RIDER COVERAGE	6. ASSUMED RISK (as Provider HMO)	7. CHILDREN'S HEALTH INSURANCE PLAN	8. OTHER
			BASIC	ADVANTAGE	PART D					
1. ENROLLEES AT THE END OF REPT PERIOD.....	175,391	0	0	5,626	0	151,991	0	0	17,774	0
2. MEMBER MONTHS.....	524,021	0	0	16,531	0	453,994	0	0	53,496	0
3. Direct Premium Income.....	154,237,345	0	0	19,561,914	0	130,804,221	0	XXXXXXXX	3,871,210	0
4. Net Premium Income.....	154,088,258	0	0	19,559,269	0	130,675,042	0	0	3,853,946	0
5. Change in unearned premium reserve and reserve for rate credits.....	0	0	0	0	0	0	0	0	0	0
6. Fee-for-Service (gross revenues).....	0	XXXXXXXX	0	0	0	0	XXXXXXXX	XXXXXXXX	XXXXXXXX	0
7. Risk Revenue.....	0	XXXXXXXX	0	0	0	XXXXXXXX	XXXXXXXX	0	XXXXXXXX	0
8. Agg write-in for Other Health Related Revenues.....	0	0	0	0	0	0	0	0	0	0
9. Aggregate write-ins for other non-health revenues.....	0	0	0	0	0	0	0	0	0	0
10. TOTAL REVENUE (L4 to L9).....	154,088,258	0	0	19,559,269	0	130,675,042	0	0	3,853,946	0
11. Hospital & Medical Benefits.....	123,667,878	0	0	13,275,905	0	107,315,955	0	0	3,076,017	0
12. Net Reins Recoveries Incurred.....	206,753	0	0	0	0	206,753	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	123,461,125	0	0	13,275,905	0	107,109,202	0	0	3,076,017	0
14. Claims Adjustment Expenses.....	3,885,297	0	0	620,133	0	3,174,181	0	0	90,982	0
15. General Administrative Expenses.....	16,489,098	0	0	1,546,539	0	13,953,637	0	0	988,921	0
16. Increase in Reserves for A&H contracts.....	0	0	0	0	0	0	0	0	0	0
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16).....	143,835,520	0	0	15,442,578	0	124,237,021	0	0	4,155,921	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	10,252,738	0	0	4,116,691	0	6,438,022	0	0	(301,975)	0
19. Net Investments Gains / (Losses).....	401,286	0	0	12,653	0	347,658	0	0	40,975	0
20. Aggregate write-ins for other expenses.....	0	0	0	0	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	10,654,024	0	0	4,129,344	0	6,785,680	0	0	(260,999)	0
22. Federal and foreign income taxes incurred.....	3,747,848	0	0	1,443,882	0	2,395,228	0	0	(91,262)	0
23. NET INCOME/(LOSS) (L21 less L22).....	6,906,176	0	0	2,685,462	0	4,390,452	0	0	(169,737)	0
NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		0	(Examples of non-taxable enrollees are State			* Other (identify products(s); eg Non-Risk Business, PPO):				
NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		0	of Texas enrollees and Federal employees.)			0				

TEXAS HMO SUPPLEMENT

OF THE **Amerigroup Texas, Inc.**

(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION

Houston

(Location)

**EXHIBIT II (Filed Annually and Quarterly)
ACTUAL REVENUES AND EXPENSES BY MAJOR SPECIFIED LINES**

Indicate Reporting Period: Year-to-Date **X**

	1. Total	2. COMMERCIAL RISK (Omit Provider HMO Business)	3. MEDICARE (Omit Provider HMO Business)			4. MEDICAID (Omit Provider HMO Business)	5. POINT OF SERVICE RIDER COVERAGE	6. ASSUMED RISK (as Provider HMO)	7. CHILDREN'S HEALTH INSURANCE PLAN	8. OTHER
			BASIC	ADVANTAGE	PART D					
1. ENROLLEES AT THE END OF REPT PERIOD.....	175,391	0	0	5,626	0	151,991	0	0	17,774	0
2. MEMBER MONTHS.....	524,021	0	0	16,531	0	453,994	0	0	53,496	0
3. Direct Premium Income.....	154,237,345	0	0	19,561,914	0	130,804,221	0	XXXXXXXX	3,871,210	0
4. Net Premium Income.....	154,088,258	0	0	19,559,269	0	130,675,042	0	0	3,853,946	0
5. Change in unearned premium reserve and reserve for rate credits.....	0	0	0	0	0	0	0	0	0	0
6. Fee-for-Service (gross revenues).....	0	XXXXXXXX	0	0	0	0	XXXXXXXX	XXXXXXXX	XXXXXXXX	0
7. Risk Revenue.....	0	XXXXXXXX	0	0	0	XXXXXXXX	XXXXXXXX	0	XXXXXXXX	0
8. Agg write-in for Other Health Related Revenues.....	0	0	0	0	0	0	0	0	0	0
9. Aggregate write-ins for other non-health revenues.....	0	0	0	0	0	0	0	0	0	0
10. TOTAL REVENUE (L4 to L9).....	154,088,258	0	0	19,559,269	0	130,675,042	0	0	3,853,946	0
11. Hospital & Medical Benefits.....	123,667,878	0	0	13,275,905	0	107,315,955	0	0	3,076,017	0
12. Net Reins Recoveries Incurred.....	206,753	0	0	0	0	206,753	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	123,461,125	0	0	13,275,905	0	107,109,202	0	0	3,076,017	0
14. Claims Adjustment Expenses.....	3,885,297	0	0	620,133	0	3,174,181	0	0	90,982	0
15. General Administrative Expenses.....	16,489,098	0	0	1,546,539	0	13,953,637	0	0	988,921	0
16. Increase in Reserves for A&H contracts.....	0	0	0	0	0	0	0	0	0	0
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16).....	143,835,520	0	0	15,442,578	0	124,237,021	0	0	4,155,921	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	10,252,738	0	0	4,116,691	0	6,438,022	0	0	(301,975)	0
19. Net Investments Gains / (Losses).....	401,286	0	0	12,653	0	347,658	0	0	40,975	0
20. Aggregate write-ins for other expenses.....	0	0	0	0	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	10,654,024	0	0	4,129,344	0	6,785,680	0	0	(260,999)	0
22. Federal and foreign income taxes incurred.....	3,747,848	0	0	1,443,882	0	2,395,228	0	0	(91,262)	0
23. NET INCOME/(LOSS) (L21 less L22).....	6,906,176	0	0	2,685,462	0	4,390,452	0	0	(169,737)	0
NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		0	(Examples of non-taxable enrollees are State			* Other (identify products(s); eg Non-Risk Business, PPO):				
NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		0	of Texas enrollees and Federal employees.)			0				

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

STATEMENT AS OF **MARCH 31, 2010**

OF THE **Amerigroup Texas, Inc.**

REPORT FOR DIVISION: **Austin**

(Location)

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at end of:										
1. Prior Year	37,128	0	0	0	0	0	0	0	37,128	0
2. First Quarter	38,248	0	0	0	0	0	0	0	38,248	0
3. Second Quarter	0									
4. Third Quarter	0									
5. Current Year	0									
6. Current Year Member Months	112,941	0	0	0	0	0	0	0	112,941	0
Total Member Ambulatory Encounters for Year:										
7. Physician	49,540	0	0	0	0	0	0	0	49,540	0
8. Non-Physician	34,600	0	0	0	0	0	0	0	34,600	0
9. Total	84,140	0	0	0	0	0	0	0	84,140	0
10. Hospital Patient Days Incurred	6,266	0	0	0	0	0	0	0	6,266	0
11. Number of Inpatient Admissions	1,251	0	0	0	0	0	0	0	1,251	0
12. Health Premiums Written	31,412,852	0	0	0	0	0	0	0	31,412,852	0
13. Life Premiums Direct	0	0	0	0	0	0	0	0	0	0
14. Property & Casualty Premiums Written	0	0	0	0	0	0	0	0	0	0
15. Health Premiums Earned	31,412,852	0	0	0	0	0	0	0	31,412,852	0
16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0
17. Amount Paid for Provision of Health Care Services	32,078,127	0	0	0	0	0	0	0	32,078,127	0
18. Amount Incurred for Provision of Health Care Services	34,428,631	0	0	0	0	0	0	0	34,428,631	0

TEXAS HMO SUPPLEMENT

OF THE **Amerigroup Texas, Inc.**

(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION

Austin

(Location)

**EXHIBIT II (Filed Annually and Quarterly)
ACTUAL REVENUES AND EXPENSES BY MAJOR SPECIFIED LINES**

Indicate Reporting Period: Current Quarter **X**

	1. Total	2. COMMERCIAL RISK (Omit Provider HMO Business)	3. MEDICARE (Omit Provider HMO Business)			4. MEDICAID (Omit Provider HMO Business)	5. POINT OF SERVICE RIDER COVERAGE	6. ASSUMED RISK (as Provider HMO)	7. CHILDREN'S HEALTH INSURANCE PLAN	8. OTHER
			BASIC	ADVANTAGE	PART D					
1. ENROLLEES AT THE END OF REPT PERIOD.....	38,248	0	0	0	0	38,248	0	0	0	0
2. MEMBER MONTHS.....	112,941	0	0	0	0	112,941	0	0	0	0
3. Direct Premium Income.....	31,412,852	0	0	0	0	31,412,852	0	XXXXXXXX	0	0
4. Net Premium Income.....	31,383,850	0	0	0	0	31,383,850	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	0	0	0	0	0	0	0	0	0	0
6. Fee-for-Service (gross revenues).....	0	XXXXXXXX	0	0	0	0	XXXXXXXX	XXXXXXXX	XXXXXXXX	0
7. Risk Revenue.....	0	XXXXXXXX	0	0	0	XXXXXXXX	XXXXXXXX	0	XXXXXXXX	0
8. Agg write-in for Other Health Related Revenues.....	0	0	0	0	0	0	0	0	0	0
9. Aggregate write-ins for other non-health revenues.....	0	0	0	0	0	0	0	0	0	0
10. TOTAL REVENUE (L4 to L9).....	31,383,850	0	0	0	0	31,383,850	0	0	0	0
11. Hospital & Medical Benefits.....	34,428,631	0	0	0	0	34,428,631	0	0	0	0
12. Net Reins Recoveries Incurred.....	(23,171)	0	0	0	0	(23,171)	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	34,451,802	0	0	0	0	34,451,802	0	0	0	0
14. Claims Adjustment Expenses.....	1,018,327	0	0	0	0	1,018,327	0	0	0	0
15. General Administrative Expenses.....	2,675,015	0	0	0	0	2,675,015	0	0	0	0
16. Increase in Reserves for A&H contracts.....	0	0	0	0	0	0	0	0	0	0
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16).....	38,145,144	0	0	0	0	38,145,144	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(6,761,294)	0	0	0	0	(6,761,294)	0	0	0	0
19. Net Investments Gains / (Losses).....	86,466	0	0	0	0	86,466	0	0	0	0
20. Aggregate write-ins for other expenses.....	0	0	0	0	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	(6,674,828)	0	0	0	0	(6,674,828)	0	0	0	0
22. Federal and foreign income taxes incurred.....	(2,333,740)	0	0	0	0	(2,333,740)	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	(4,341,089)	0	0	0	0	(4,341,089)	0	0	0	0
NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		0	(Examples of non-taxable enrollees are State			* Other (identify products(s); eg Non-Risk Business, PPO):				
NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		0	of Texas enrollees and Federal employees.)			0				

STATEMENT FOR THE PERIOD ENDING **MARCH 31, 2010**

TEXAS HMO SUPPLEMENT

OF THE **Amerigroup Texas, Inc.**

(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION

Austin

(Location)

**EXHIBIT II (Filed Annually and Quarterly)
ACTUAL REVENUES AND EXPENSES BY MAJOR SPECIFIED LINES**

Indicate Reporting Period: Year-to-Date **X**

	1. Total	2. COMMERCIAL RISK (Omit Provider HMO Business)	3. MEDICARE (Omit Provider HMO Business)			4. MEDICAID (Omit Provider HMO Business)	5. POINT OF SERVICE RIDER COVERAGE	6. ASSUMED RISK (as Provider HMO)	7. CHILDREN'S HEALTH INSURANCE PLAN	8. OTHER
			BASIC	ADVANTAGE	PART D					
1. ENROLLEES AT THE END OF REPT PERIOD.....	38,248	0	0	0	0	38,248	0	0	0	0
2. MEMBER MONTHS.....	112,941	0	0	0	0	112,941	0	0	0	0
3. Direct Premium Income.....	31,412,852	0	0	0	0	31,412,852	0	XXXXXXXX	0	0
4. Net Premium Income.....	31,383,850	0	0	0	0	31,383,850	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	0	0	0	0	0	0	0	0	0	0
6. Fee-for-Service (gross revenues).....	0	XXXXXXXX	0	0	0	0	XXXXXXXX	XXXXXXXX	XXXXXXXX	0
7. Risk Revenue.....	0	XXXXXXXX	0	0	0	XXXXXXXX	XXXXXXXX	0	XXXXXXXX	0
8. Agg write-in for Other Health Related Revenues.....	0	0	0	0	0	0	0	0	0	0
9. Aggregate write-ins for other non-health revenues.....	0	0	0	0	0	0	0	0	0	0
10. TOTAL REVENUE (L4 to L9).....	31,383,850	0	0	0	0	31,383,850	0	0	0	0
11. Hospital & Medical Benefits.....	34,428,631	0	0	0	0	34,428,631	0	0	0	0
12. Net Reins Recoveries Incurred.....	(23,171)	0	0	0	0	(23,171)	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	34,451,802	0	0	0	0	34,451,802	0	0	0	0
14. Claims Adjustment Expenses.....	1,018,327	0	0	0	0	1,018,327	0	0	0	0
15. General Administrative Expenses.....	2,675,015	0	0	0	0	2,675,015	0	0	0	0
16. Increase in Reserves for A&H contracts.....	0	0	0	0	0	0	0	0	0	0
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16).....	38,145,144	0	0	0	0	38,145,144	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(6,761,294)	0	0	0	0	(6,761,294)	0	0	0	0
19. Net Investments Gains / (Losses).....	86,466	0	0	0	0	86,466	0	0	0	0
20. Aggregate write-ins for other expenses.....	0	0	0	0	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	(6,674,828)	0	0	0	0	(6,674,828)	0	0	0	0
22. Federal and foreign income taxes incurred.....	(2,333,740)	0	0	0	0	(2,333,740)	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	(4,341,089)	0	0	0	0	(4,341,089)	0	0	0	0
NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		0	(Examples of non-taxable enrollees are State			* Other (identify products(s); eg Non-Risk Business, PPO):				
NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		0	of Texas enrollees and Federal employees.)			0				

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

STATEMENT AS OF **MARCH 31, 2010**

OF THE **Amerigroup Texas, Inc.**

REPORT FOR DIVISION: **Corpus Christi**

(Location)

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at end of:										
1. Prior Year	9,838	0	847	0	0	0	0	0	8,991	0
2. First Quarter	9,393	0	797	0	0	0	0	0	8,596	0
3. Second Quarter	0									
4. Third Quarter	0									
5. Current Year	0									
6. Current Year Member Months	28,752	0	2,432	0	0	0	0	0	26,320	0
Total Member Ambulatory Encounters for Year:										
7. Physician	17,994	0	836	0	0	0	0	0	17,158	0
8. Non-Physician	5,686	0	183	0	0	0	0	0	5,503	0
9. Total	23,680	0	1,019	0	0	0	0	0	22,661	0
10. Hospital Patient Days Incurred	1,344	0	26	0	0	0	0	0	1,318	0
11. Number of Inpatient Admissions	370	0	4	0	0	0	0	0	366	0
12. Health Premiums Written	6,818,501	0	223,590	0	0	0	0	0	6,594,911	0
13. Life Premiums Direct	0	0	0	0	0	0	0	0	0	0
14. Property & Casualty Premiums Written	0	0	0	0	0	0	0	0	0	0
15. Health Premiums Earned	6,818,501	0	223,590	0	0	0	0	0	6,594,911	0
16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0
17. Amount Paid for Provision of Health Care Services	5,763,906	0	171,673	0	0	0	0	0	5,592,233	0
18. Amount Incurred for Provision of Health Care Services	5,428,341	0	178,059	0	0	0	0	0	5,250,282	0

TEXAS HMO SUPPLEMENT

OF THE **Amerigroup Texas, Inc.**

(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION

Corpus Christi
(Location)

**EXHIBIT II (Filed Annually and Quarterly)
ACTUAL REVENUES AND EXPENSES BY MAJOR SPECIFIED LINES**

Indicate Reporting Period: Current Quarter **X**

	1. Total	2. COMMERCIAL RISK (Omit Provider HMO Business)	3. MEDICARE (Omit Provider HMO Business)			4. MEDICAID (Omit Provider HMO Business)	5. POINT OF SERVICE RIDER COVERAGE	6. ASSUMED RISK (as Provider HMO)	7. CHILDREN'S HEALTH INSURANCE PLAN	8. OTHER
			BASIC	ADVANTAGE	PART D					
1. ENROLLEES AT THE END OF REPT PERIOD.....	9,393	0	0	0	0	8,596	0	0	797	0
2. MEMBER MONTHS.....	28,752	0	0	0	0	26,320	0	0	2,432	0
3. Direct Premium Income.....	6,818,501	0	0	0	0	6,594,911	0	XXXXXXXX	223,590	0
4. Net Premium Income.....	6,809,265	0	0	0	0	6,586,460	0	0	222,805	0
5. Change in unearned premium reserve and reserve for rate credits.....	0	0	0	0	0	0	0	0	0	0
6. Fee-for-Service (gross revenues).....	0	XXXXXXXX	0	0	0	0	XXXXXXXX	XXXXXXXX	XXXXXXXX	0
7. Risk Revenue.....	0	XXXXXXXX	0	0	0	XXXXXXXX	XXXXXXXX	0	XXXXXXXX	0
8. Agg write-in for Other Health Related Revenues.....	0	0	0	0	0	0	0	0	0	0
9. Aggregate write-ins for other non-health revenues.....	0	0	0	0	0	0	0	0	0	0
10. TOTAL REVENUE (L4 to L9).....	6,809,265	0	0	0	0	6,586,460	0	0	222,805	0
11. Hospital & Medical Benefits.....	5,428,341	0	0	0	0	5,250,282	0	0	178,059	0
12. Net Reins Recoveries Incurred.....	0	0	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	5,428,341	0	0	0	0	5,250,282	0	0	178,059	0
14. Claims Adjustment Expenses.....	160,559	0	0	0	0	155,292	0	0	5,267	0
15. General Administrative Expenses.....	912,171	0	0	0	0	872,191	0	0	39,980	0
16. Increase in Reserves for A&H contracts.....	0	0	0	0	0	0	0	0	0	0
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16).....	6,501,071	0	0	0	0	6,277,766	0	0	223,305	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	308,194	0	0	0	0	308,695	0	0	(501)	0
19. Net Investments Gains / (Losses).....	22,032	0	0	0	0	20,169	0	0	1,863	0
20. Aggregate write-ins for other expenses.....	0	0	0	0	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	330,227	0	0	0	0	328,864	0	0	1,363	0
22. Federal and foreign income taxes incurred.....	116,105	0	0	0	0	115,628	0	0	477	0
23. NET INCOME/(LOSS) (L21 less L22).....	214,122	0	0	0	0	213,235	0	0	886	0
NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		0	(Examples of non-taxable enrollees are State			* Other (identify products(s); eg Non-Risk Business, PPO):				
NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		0	of Texas enrollees and Federal employees.)			0				

TEXAS HMO SUPPLEMENT

OF THE **Amerigroup Texas, Inc.**

(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION

Corpus Christi
 (Location)

**EXHIBIT II (Filed Annually and Quarterly)
 ACTUAL REVENUES AND EXPENSES BY MAJOR SPECIFIED LINES**

Indicate Reporting Period: Year-to-Date **X**

	1. Total	2. COMMERCIAL RISK (Omit Provider HMO Business)	3. MEDICARE (Omit Provider HMO Business)			4. MEDICAID (Omit Provider HMO Business)	5. POINT OF SERVICE RIDER COVERAGE	6. ASSUMED RISK (as Provider HMO)	7. CHILDREN'S HEALTH INSURANCE PLAN	8. OTHER
			BASIC	ADVANTAGE	PART D					
1. ENROLLEES AT THE END OF REPT PERIOD.....	9,393	0	0	0	0	8,596	0	0	797	0
2. MEMBER MONTHS.....	28,752	0	0	0	0	26,320	0	0	2,432	0
3. Direct Premium Income.....	6,818,501	0	0	0	0	6,594,911	0	XXXXXXXX	223,590	0
4. Net Premium Income.....	6,809,265	0	0	0	0	6,586,460	0	0	222,805	0
5. Change in unearned premium reserve and reserve for rate credits.....	0	0	0	0	0	0	0	0	0	0
6. Fee-for-Service (gross revenues).....	0	XXXXXXXX	0	0	0	0	XXXXXXXX	XXXXXXXX	XXXXXXXX	0
7. Risk Revenue.....	0	XXXXXXXX	0	0	0	XXXXXXXX	XXXXXXXX	0	XXXXXXXX	0
8. Agg write-in for Other Health Related Revenues.....	0	0	0	0	0	0	0	0	0	0
9. Aggregate write-ins for other non-health revenues.....	0	0	0	0	0	0	0	0	0	0
10. TOTAL REVENUE (L4 to L9).....	6,809,265	0	0	0	0	6,586,460	0	0	222,805	0
11. Hospital & Medical Benefits.....	5,428,341	0	0	0	0	5,250,282	0	0	178,059	0
12. Net Reins Recoveries Incurred.....	0	0	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	5,428,341	0	0	0	0	5,250,282	0	0	178,059	0
14. Claims Adjustment Expenses.....	160,559	0	0	0	0	155,292	0	0	5,267	0
15. General Administrative Expenses.....	912,171	0	0	0	0	872,191	0	0	39,980	0
16. Increase in Reserves for A&H contracts.....	0	0	0	0	0	0	0	0	0	0
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16).....	6,501,071	0	0	0	0	6,277,766	0	0	223,305	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	308,194	0	0	0	0	308,695	0	0	(501)	0
19. Net Investments Gains / (Losses).....	22,032	0	0	0	0	20,169	0	0	1,863	0
20. Aggregate write-ins for other expenses.....	0	0	0	0	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	330,227	0	0	0	0	328,864	0	0	1,363	0
22. Federal and foreign income taxes incurred.....	116,105	0	0	0	0	115,628	0	0	477	0
23. NET INCOME/(LOSS) (L21 less L22).....	214,122	0	0	0	0	213,235	0	0	886	0
NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		0	(Examples of non-taxable enrollees are State			* Other (identify products(s); eg Non-Risk Business, PPO):				
NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		0	of Texas enrollees and Federal employees.)			0				

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

STATEMENT AS OF **MARCH 31, 2010**

OF THE **Amerigroup Texas, Inc.**

REPORT FOR DIVISION: **San Antonio**

(Location)

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at end of:										
1. Prior Year	9,814	0	0	0	0	0	0	798	9,016	0
2. First Quarter	9,915	0	0	0	0	0	0	915	9,000	0
3. Second Quarter	0									
4. Third Quarter	0									
5. Current Year	0									
6. Current Year Member Months	29,570	0	0	0	0	0	0	2,588	26,982	0
Total Member Ambulatory Encounters for Year:										
7. Physician	8,988	0	0	0	0	0	0	1,700	7,288	0
8. Non-Physician	21,486	0	0	0	0	0	0	997	20,489	0
9. Total	30,474	0	0	0	0	0	0	2,697	27,777	0
10. Hospital Patient Days Incurred	1,242	0	0	0	0	0	0	610	632	0
11. Number of Inpatient Admissions	194	0	0	0	0	0	0	92	102	0
12. Health Premiums Written	16,480,415	0	0	0	0	0	0	3,102,127	13,378,288	0
13. Life Premiums Direct	0	0	0	0	0	0	0	0	0	0
14. Property & Casualty Premiums Written	0	0	0	0	0	0	0	0	0	0
15. Health Premiums Earned	16,480,415	0	0	0	0	0	0	3,102,127	13,378,288	0
16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0
17. Amount Paid for Provision of Health Care Services	12,954,141	0	0	0	0	0	0	1,992,734	10,961,407	0
18. Amount Incurred for Provision of Health Care Services	12,147,214	0	0	0	0	0	0	2,155,358	9,991,856	0

TEXAS HMO SUPPLEMENT

OF THE **Amerigroup Texas, Inc.**

(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION

San Antonio

(Location)

**EXHIBIT II (Filed Annually and Quarterly)
ACTUAL REVENUES AND EXPENSES BY MAJOR SPECIFIED LINES**

Indicate Reporting Period: Current Quarter **X**

	1. Total	2. COMMERCIAL RISK (Omit Provider HMO Business)	3. MEDICARE (Omit Provider HMO Business)			4. MEDICAID (Omit Provider HMO Business)	5. POINT OF SERVICE RIDER COVERAGE	6. ASSUMED RISK (as Provider HMO)	7. CHILDREN'S HEALTH INSURANCE PLAN	8. OTHER
			BASIC	ADVANTAGE	PART D					
1. ENROLLEES AT THE END OF REPT PERIOD.....	9,915	0	0	915	0	9,000	0	0	0	0
2. MEMBER MONTHS.....	29,570	0	0	2,588	0	26,982	0	0	0	0
3. Direct Premium Income.....	16,480,415	0	0	3,102,127	0	13,378,288	0	XXXXXXXX	0	0
4. Net Premium Income.....	16,477,156	0	0	3,102,174	0	13,374,981	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	0	0	0	0	0	0	0	0	0	0
6. Fee-for-Service (gross revenues).....	0	XXXXXXXX	0	0	0	0	XXXXXXXX	XXXXXXXX	XXXXXXXX	0
7. Risk Revenue.....	0	XXXXXXXX	0	0	0	XXXXXXXX	XXXXXXXX	0	XXXXXXXX	0
8. Agg write-in for Other Health Related Revenues.....	0	0	0	0	0	0	0	0	0	0
9. Aggregate write-ins for other non-health revenues.....	0	0	0	0	0	0	0	0	0	0
10. TOTAL REVENUE (L4 to L9).....	16,477,156	0	0	3,102,174	0	13,374,981	0	0	0	0
11. Hospital & Medical Benefits.....	12,147,215	0	0	2,155,358	0	9,991,856	0	0	0	0
12. Net Reins Recoveries Incurred.....	0	0	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	12,147,215	0	0	2,155,358	0	9,991,856	0	0	0	0
14. Claims Adjustment Expenses.....	396,218	0	0	100,679	0	295,538	0	0	0	0
15. General Administrative Expenses.....	2,350,404	0	0	364,065	0	1,986,340	0	0	0	0
16. Increase in Reserves for A&H contracts.....	0	0	0	0	0	0	0	0	0	0
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16).....	14,893,836	0	0	2,620,103	0	12,273,734	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	1,583,319	0	0	482,071	0	1,101,248	0	0	0	0
19. Net Investments Gains / (Losses).....	22,642	0	0	1,978	0	20,664	0	0	0	0
20. Aggregate write-ins for other expenses.....	0	0	0	0	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	1,605,961	0	0	484,050	0	1,121,911	0	0	0	0
22. Federal and foreign income taxes incurred.....	561,734	0	0	169,255	0	392,479	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	1,044,228	0	0	314,795	0	729,432	0	0	0	0
NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		0	(Examples of non-taxable enrollees are State			* Other (identify products(s); eg Non-Risk Business, PPO):				
NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		0	of Texas enrollees and Federal employees.)			0				

TEXAS HMO SUPPLEMENT

OF THE **Amerigroup Texas, Inc.**

(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION

San Antonio

(Location)

**EXHIBIT II (Filed Annually and Quarterly)
ACTUAL REVENUES AND EXPENSES BY MAJOR SPECIFIED LINES**

Indicate Reporting Period: Year-to-Date **X**

	1. Total	2. COMMERCIAL RISK (Omit Provider HMO Business)	3. MEDICARE (Omit Provider HMO Business)			4. MEDICAID (Omit Provider HMO Business)	5. POINT OF SERVICE RIDER COVERAGE	6. ASSUMED RISK (as Provider HMO)	7. CHILDREN'S HEALTH INSURANCE PLAN	8. OTHER
			BASIC	ADVANTAGE	PART D					
1. ENROLLEES AT THE END OF REPT PERIOD.....	9,915	0	0	915	0	9,000	0	0	0	0
2. MEMBER MONTHS.....	29,570	0	0	2,588	0	26,982	0	0	0	0
3. Direct Premium Income.....	16,480,415	0	0	3,102,127	0	13,378,288	0	XXXXXXXX	0	0
4. Net Premium Income.....	16,477,156	0	0	3,102,174	0	13,374,981	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	0	0	0	0	0	0	0	0	0	0
6. Fee-for-Service (gross revenues).....	0	XXXXXXXX	0	0	0	0	XXXXXXXX	XXXXXXXX	XXXXXXXX	0
7. Risk Revenue.....	0	XXXXXXXX	0	0	0	XXXXXXXX	XXXXXXXX	0	XXXXXXXX	0
8. Agg write-in for Other Health Related Revenues.....	0	0	0	0	0	0	0	0	0	0
9. Aggregate write-ins for other non-health revenues.....	0	0	0	0	0	0	0	0	0	0
10. TOTAL REVENUE (L4 to L9).....	16,477,156	0	0	3,102,174	0	13,374,981	0	0	0	0
11. Hospital & Medical Benefits.....	12,147,215	0	0	2,155,358	0	9,991,856	0	0	0	0
12. Net Reins Recoveries Incurred.....	0	0	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	12,147,215	0	0	2,155,358	0	9,991,856	0	0	0	0
14. Claims Adjustment Expenses.....	396,218	0	0	100,679	0	295,538	0	0	0	0
15. General Administrative Expenses.....	2,350,404	0	0	364,065	0	1,986,340	0	0	0	0
16. Increase in Reserves for A&H contracts.....	0	0	0	0	0	0	0	0	0	0
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16).....	14,893,836	0	0	2,620,103	0	12,273,734	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	1,583,319	0	0	482,071	0	1,101,248	0	0	0	0
19. Net Investments Gains / (Losses).....	22,642	0	0	1,978	0	20,664	0	0	0	0
20. Aggregate write-ins for other expenses.....	0	0	0	0	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	1,605,961	0	0	484,050	0	1,121,911	0	0	0	0
22. Federal and foreign income taxes incurred.....	561,734	0	0	169,255	0	392,479	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	1,044,228	0	0	314,795	0	729,432	0	0	0	0
NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		0	(Examples of non-taxable enrollees are State			* Other (identify products(s); eg Non-Risk Business, PPO):				
NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		0	of Texas enrollees and Federal employees.)			0				